DEACONESS HOSPITAL
1993
ANNUAL REPORT

OUR MISSION

In 1896, when founding Deaconess Mary E. Lunn first envisioned what is now Deaconess Hospital, she wrote of a place "...where science and kindliness unite in combatting disease." As we approach our centennial year, Deaconess Hospital proudly upholds these inspiring words. Technological expertise, coupled with an unmatched spirit of caring, has been demonstrated continuously over the years by the medical staff and other health care providers.

More than a hospital Today, Deaconess Hospital is more than a hospital. It is a place where science and kindliness have been applied to internationally recognized research and educational programs; to a number of subsidiary corporations; as well as to physician practice groups which have distinguished themselves among the Harvard Medical School faculty. The clinical academic departments are the foundations on which patient care, education, and research projects are based and, in fact, are the focal point for institutional planning. Programs such as the Mind/Body Medical Institute, Deaconess ElderCare, and the Institute for Prevention of Cardiovascular Disease are examples of innovative health-care activities serving the region and the United States.

Specialized programs to serve adults with complex needs Today, we focus on the care of adults who suffer from the complications of diabetes; cancer; cardiovascular disease; infectious diseases, including AIDS; gastrointestinal and pulmonary problems; organ transplantation; and behavioral and psychiatric disorders, to name a few. We work closely with community hospitals and physicians to care for patients transferred or referred because of complicated diagnostic and treatment problems.

Values Our basic institutional philosophy is to serve our patients well and help distinguish Deaconess Hospital as a model health-care institution for the 1990s and beyond. These values include:

- the pursuit of excellence in all reasonable ways;
- quality in our performance;
- efficacy in our results (tangible benefits for our clients);
- the integrity to make decisions and uphold our mission;
- a teamwork approach within our departments and throughout the institution;
- motivated people; and
- financial health.

HARRIS HALL
1913–1992

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Values Our basic institutional values allow us to serve our patients well and help distinguish Deaconess Hospital as a model health-care institution for the 1990s and beyond. These values include:

- the pursuit of excellence in all our endeavors;
- quality in our performance;
- efficacy in our results (tangible benefit for our efforts);
- the integrity to make decisions and uphold our mission;
- a teamwork approach within our departments and across the institution;
- motivated people; and
- financial health.

Partners Central to our success and our future are many partnerships including those with Deaconess-Nashoba Hospital, Joslin Diabetes Center, Dana-Farber Cancer Institute, Harvard Medical School, health maintenance organizations, community hospitals, community health centers and referring physician groups across the northeastern United States.

"Bench-to-bedside" care and treatment Inquiry and scientific investigation by doctors, scientists, nurses, and others continue to enhance and refine our knowledge base and our care techniques. To attract the best and brightest from the health professions, we need to ensure an atmosphere where inquiry is welcome, where science is valued, where innovation is encouraged but caring is never lost.

Service to our community Service to our patients, to each other, and to society as a whole is our highest priority. As an employer and community resident, we directly and indirectly support other non-profit health and human service activities in the greater Boston area and beyond. Such alliances reflect the caring and giving attitudes of our staff and employees.

Every employee's participation To achieve our mission of "science and kindliness" for all, every Hospital employee is involved in these efforts. The institution's tradition has been to use informed, collective action as a powerful, humane, and ethical force. Participating in such a tradition is matched with a responsibility that is shared by all employees and medical staff: To enhance science with kindliness and caring in the interest of each patient.

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January 1994

Dear colleagues, friends, and supporters:

There's a well-known story about a man who walks defiantly into his doctor's office and sits down. When the doctor asks the man what his trouble is, the patient replies, "You're the doctor, you tell me what's wrong."

This tale is normally associated with the plight of patients who, daunted by the complexity of their own biology, attempt to transfer responsibility for their health to their physician. But in some ways, this same parable applies to today's hospitals: many are experiencing difficult times and must come to terms with the fact that workable solutions to their problems lie within their own self-understanding. We cannot wait for changes to be dictated by the new environment; rather, we must remold ourselves in anticipation of it. That is why this has been a year of transition for the Deaconess as we reflect not on what we are but rather on what we are becoming—a much larger and more thoroughly integrated health-care network.

In many ways the drive to solve the previously unsolvable has made medicine the victim of its own success.

Deaconess Hospital has been active in its efforts to define the role it plays in the health-care system in order to maximize that role in the reshaped environment of the future. We have refined and enhanced our own strategy and taken advantage of broad-based dialogue about the changes to come. This past May, for example, Deaconess Hospital and Deaconess-Nashoba Hospital co-sponsored a Health-Care Leadership Conference to discuss a number of issues of growing concern—issues such as cost, quality, access, and what hospitals need to do in the short term to ensure that patients' long-term needs are satisfied. Local and national figures with an interest in and influence on the future of health care joined both hospital presidents for the discussion: ABC Television's Medical Editor Dr. Timothy Johnson; U.S. Congressman Martin Meehan; Massachusetts Department of Public Health Commissioner David Mulligan; Deaconess-Nashoba Medical Staff President Dr. Kenneth Janes; and VeryFine Products CEO and President Samuel Rowse.

When intelligent, thoughtful, well-informed professionals come together to talk about issues such as these, the many diverse and sometimes conflicting perspectives on the delivery of medical services and technological growth become apparent. On the one hand, as Dr. Johnson pointed out in his conference remarks, we have witnessed the rapidly escalating cost of

health care. The percentage of gross domestic product spent on health care is now at 15 percent and, if left unchecked, could reach 20 percent by the year 2000. There is no question as to whether we as a nation can continue to buy health care at that price; we cannot, and we have to do something about it.

Yet, on the other hand, the indestructible optimism that is so integral to the practice of medicine has led us to technological successes in every sector of health care. A hundred years ago, medicine was a relatively loose collection of intellectual artisans with limited technological tools at their disposal. Since then, research has shown us ways not only to keep people alive longer, but to keep them in better health as they age. In Deaconess Hospital laboratories, and in research institutions throughout the country, truly remarkable strides are being made in gene therapy, in biotechnology, in therapeutic strategies, and in many other fields that promise to change the outlook on formerly frustrating and life-threatening diseases. In addition, discoveries in molecular biology, physics, and computer technology have so increased the intricacy of the field that medical education itself has had to be reformulated to accommodate the explosion of information.

We at the Deaconess are currently doing all we can to eliminate waste and redundancy, to diagnose and dispose of obstacles, and to give the best care possible...

In many ways the drive to solve the previously unsolvable has made medicine the victim of its own success. It can provide life-saving measures, catalyzing cures that often seem miraculous, but the breakthroughs and the expanded treatment options they offer can make health care more expensive. The question is whether individuals are able and society is willing to pay for that care. For example, the treatment that Deaconess Hospital peripheral vascular surgeons provide for feet and legs damaged by diabetes is unrivaled in the world today. Deaconess physicians have the expertise to restore these limbs to health, critical to the independence and functioning of the patients whose lives are compromised by their condition. However, such procedures are very expensive both for the patient's insurer and for the Hospital itself. In this economic environment, fulfilling Deaconess Hospital's mission—to serve as a place "...where science and kindliness unite in combatting disease"—becomes increasingly challenging. The goal is to find the level of care that provides the maximum value. We at the Deaconess believe that greater value comes from creating a network of health-care institutions, each of which provides high quality care appropriate to its own setting. Together, the network can provide a seamless continuum of patient-centered care.

The quest for value must also emanate from within. We at the Deaconess are currently doing all we can to eliminate waste and redundancy, to diagnose and dispose of obstacles, and to give the best care possible at the most economical price. In order to make our internal systems more efficient and cost-effective, we implemented the Continuous Quality Improvement Initiative, producing excellent results, some of which have been documented in previous Annual Reports. To continue to thrive in the future, re-engineering our operational processes will not be enough. Thus, our medical staff has begun to develop critical pathways for the practice of medicine itself.

By working collaboratively, we have extended our efforts to enhance the value of all that we do well beyond the walls of the Hospital: we have long maintained a cooperative relationship with Joslin Diabetes Center in taking responsibility for the hospital care of seriously ill diabetic patients; we have encouraged physician-scientists to spend time at community hospitals to ensure that their techniques and expertise enjoy wider availability; and we have entered into cooperative agreements with the Dana-Farber Cancer Institute that augment the ability of both institutions to care for patients. In the meantime, new cooperative ventures continue to emerge.

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One example of an ongoing collaborative venture is Deaconess Hospital's involvement in the Harvard Medical School Consolidated Department of Psychiatry, an umbrella department that oversees psychiatric care at many of the Harvard-affiliated teaching hospitals. As part of this initiative, Deaconess Hospital recently converted two clinical floors into secure units where tertiary treatment of mental illness can take place; and psychiatric admissions have risen dramatically as a result. The new units will enable Hospital psychiatrists to treat a broad range of patients suffering from serious psychiatric illnesses, and will provide a safe, secure environment for evaluation and treatment. This arrangement is consistent with the Deaconess approach to treating other tertiary illnesses and offers services available at few other local hospitals.

We are also enthusiastic about a new multi-institutional program in cardiac preventive care that will be undertaken in cooperation with several other area health-care providers. Called the Roxbury Heart Center, the effort unites the resources of Deaconess Hospital, Beth Israel Hospital, and New England Baptist Hospital with those of Roxbury Comprehensive Community Health Center, Inc., to address disparities in the prevention and treatment of cardiovascular disease. The Center's ultimate aim is to improve the overall health of the community.

A NETWORK FOR SUCCESS

The highly specialized nature of the Deaconess also means that it has responsibilities to many communities, but its commitment to quality and efficacy—its commitment to ensuring value—makes fulfilling those responsibilities a challenge. By merging the teaching hospital agenda with that of community hospitals, we have devised a strategy which implements systems that recognize the distinction between primary, secondary, and tertiary care, and that render these levels of care in appropriate settings while sustaining important education and research programs. The ongoing objective has been to build a foundation of local health services linked to tertiary care at the Deaconess, giving greater integration to the patient-care continuum. Deaconess Hospital took an important step toward creating a practical, efficient health-care network in 1992 when an agreement with The Nashoba Community Hospital in Ayer, Massachusetts, created Deaconess-Nashoba Hospital. The relationship with Deaconess-Nashoba provides sustained local access to primary care for people living in the Nashoba Valley, while furnishing links to Deaconess Hospital, a leader in providing tertiary care and conducting medical research, a teaching affiliate of Harvard Medical School, and a major source of community outreach and health education.

We at the Deaconess believe that greater value comes from creating a network of health-care institutions, each of which provides high quality care appropriate to its own setting.

Association with Deaconess Hospital offers Deaconess-Nashoba patients the option of seamless, efficient continuity of care between their primary and tertiary caregivers. It means that patients who are found to be suffering from complicated, life-threatening diseases can quickly be transferred to Deaconess Hospital with a minimum of redundancies in services, testing, or discharge planning. It means the opportunity to benefit

from innovative patient-care systems, such as the Deaconess ElderCare Program, dedicated to coordinating clinical care facilities around the needs of elderly patients. It means that patients have access to treatment methods arising from research at Deaconess Hospital's centers, such as the Institute for Prevention of Cardiovascular Disease and the Sandoz Center for Immunobiology. It means that physicians, nurses, technicians, and other caregivers at Deaconess-Nashoba Hospital have access to Deaconess Hospital seminars and teaching sessions where they can follow the latest in treatment techniques and technologies. It means that because of agreements made with the Department of Defense, armed services personnel who formerly used the recently closed medical facilities at Fort Devens can have access to a coordinated system of quality care at both hospitals. It also means that the Deaconess can create closer ties with the acute-care community hospital, enhance referral relationships, and in the future, expand educational opportunities for its students and residents.

The fruitfulness of the Deaconess-Nashoba relationship has encouraged the Hospital to continue pursuing affiliations with other health-care providers. Deaconess Hospital and Needham's Glover Memorial Hospital recently announced a new health-care affiliation that links the 58-bed acute-care community hospital serving the primary and secondary health-care needs of Needham, Massachusetts, and surrounding communities with the tertiary care center in Boston. Since its establishment in 1912 as part of the will of Frederick Glover, Glover Memorial Hospital has been a municipal facility of the Town of Needham. In September, the town selectmen voted to put forth a request for proposals that would enable Glover to become a formal part of a health-care network. The Deaconess is currently participating in that process.

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We at the Deaconess are pursuing formal agreements with other hospitals as well, including WalthamWeston Hospital and Medical Center and the nearby New England Baptist Hospital. WalthamWeston Hospital serves the primary care needs of Waltham, Massachusetts, and surrounding areas and has a highly regarded psychiatric program that complements the Deaconess. Similarly, the New England Baptist Hospital adds a world-renowned orthopedics program. All these ventures are aimed at marrying Deaconess Hospital's resources with those of complementary institutions. The Deaconess has gone about building a network to provide seamless care that is also expected to make dramatic differences in quality and cost

through both formal affiliations with hospitals and neighborhood health centers and through the creation of our own multidisciplinary programs and services. One such multidisciplinary program, Deaconess ElderCare, has already shared its services with both Deaconess-Nashoba and Glover hospitals. The expandability of the ElderCare program is a clear example of the potential benefits that can result from networking activities.

Back on our own campus, the Deaconess has integrated its abiding concern for the well-being of older adults with the need to provide quality care in the most efficient and economical setting. The Hospital has opened a Transitional Care Unit (TCU), housed at the neighboring Joslin Diabetes Center, which allows us to continue managing the care of elderly patients who are not quite ready to make the transition to self-care at home. Because these beds are outside the Hospital, however, the TCU is a much more appropriate, cost-effective environment for post-discharge monitoring and teaching that can reduce the likelihood of patients needing subsequent hospitalization. In addition, the new Clinical Center has been designed to ensure an "elder-sensitive" environment that permits easy, anxiety-free navigation through its hallways and to other buildings.

'By doing very well what it does best and building networking relationships, Deaconess intends to succeed in an increasingly competitive environment.'

The Deaconess is planning further innovations that will add to its ability to work with its partners, including new telecommunications and telemedicine systems that ensure the prompt transfer of patient information from remote sites and reduce the need for redundant tests and procedures; voice recognition systems that eliminate the need for transcription of physicians' taped clinical reports; "paper-free" medical records systems that reduce storage costs and increase availability; continued refinement of purchasing procedures that maximize savings on hospital materials; and video technology that allows viewing of medical imaging and consultation at remote sites.

THE CAPITAL CAMPAIGN: BUILDING FOR THE FUTURE

The redevelopment and modernization of Deaconess Hospital's physical plant is a high priority and has flowered in the construction of the Hospital's $135 million Clinical Center, rising at the corner of Brookline Avenue and Deaconess Road. Designed to better meet both the physical and emotional needs of patients and their families, and the practical requirements of the doctors, nurses, and other care-providers working there, the new building contains state-of-the-art operating rooms, medical imaging equipment, and ICU facilities—all of which will enhance the Hospital's nationally and internationally recognized clinical expertise and better position the Deaconess to provide patient-centered care today and into the 21st century. Patients will find that coming to Deaconess Hospital for care will be a more convenient, comfortable experience than ever before. In addition, the permit process for a new $50 million Research Building is almost complete. This center will consolidate laboratories currently scattered throughout the Hospital complex and ensure the continued clinical application of basic scientific research for which the Deaconess is so well known.

...the new building contains state-of-the-art operating rooms, medical imaging equipment, and ICU facilities—all of which will enhance the Hospital's nationally and internationally recognized clinical expertise...

Endorsement from the community for both of these projects has been inspiring and gratifying. Two years into the Hospital's five-year, $35 million fund-raising effort, more than $18 million has been raised. This is due in great part to generous gifts from a number of different and disparate members of the Hospital "family." Gifts from Deaconess practice plans and individual physicians total nearly $5 million. Foundations have contributed nearly $5 million as well, with gifts of $1 million each from the Amelia Peabody Foundation, the Amelia Peabody Charitable Trust, the Horace W. Goldsmith Foundation, and an anonymous foundation.

In addition, our Board of Trustees has engaged the interest and support of the corporate community, attracting more than $1.6 million from a wide variety of companies, many of which have never supported the Deaconess before, and none at the level of these campaign gifts. Some of these include Sandoz Pharmaceutical, John Hancock, Fleet Bank, Shawmut Bank, Millipore Company, Price Waterhouse, W. P. Stewart, Walsh Brothers, and Independence Investment Associates. Lastly, many generous campaign gifts and pledges have been received from current and former Deaconess patients, employees, the Friends of the Deaconess, and the Nursing Alumnae Association.

OUR VIEW OF TOMORROW

This has been a year of tremendous change and transition at the Deaconess as we not only defined our vision of the Hospital for the years to come but also set into motion the forces necessary to make that vision a reality. We are building an integrated health-care network that will provide a continuum of primary, secondary, and tertiary care, each rendered in the most appropriate setting.

The effectiveness of Deaconess Hospital's networking strategy has been recognized as a model; the Hospital was recently featured as a case study in the National Committee for Quality Health Care's report on "Reinventing Health Care: The Revolution at Hand." As the authors noted, "By doing very well what it does best and building networking relationships, Deaconess intends to succeed in an increasingly competitive environment."

This is a time when everyone working within Deaconess Hospital has ample reason to be proud. As we approach the 100th anniversary of the Hospital's founding, we are meeting the challenges of health care in the 1990s with new and imaginative solutions, ensuring that our tradition of care, education, and research will survive and flourish in the 21st century. To everyone who has helped make this possible, we offer our gratitude; to those wishing to help us make a difference in medicine in the coming years, we offer our invitation to work with us.

John P. Hamill
Chairman, Board of Trustees

J. Richard Gaintner, M.D.
President and CEO

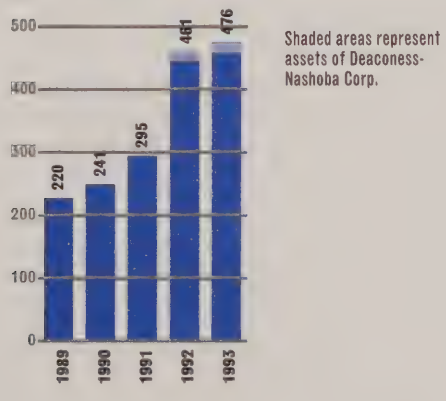
CONDENSED COMBINED BALANCE SHEETS SEPTEMBER 30, 1993 AND 1992 (DOLLARS IN THOUSANDS)

	1993	1992*
Assets		
Current assets	$ 129,290	$ 126,126
Investments, etc.**	174,985	214,118
Property, plant, and equipment (net)	171,664	120,739
Total assets	$ 475,939	$ 460,983
Liabilities and fund balances		
Current liabilities	$ 80,152	$ 80,207
Other liabilities	39,928	49,517
Long-term debt	171,623	172,483
Fund balances		
Unrestricted	116,174	105,958
Restricted	68,062	52,818
Total fund balances	184,236	158,776
Total liabilities and fund balances	$ 475,939	$ 460,983

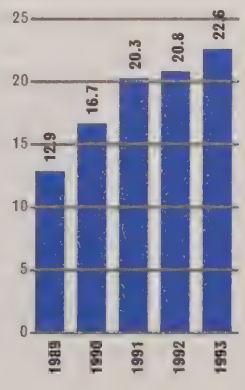
*Although the acquisition took place on January 1, 1993, for comparison purposes 1992 amounts have been restated to include the merger of Deaconess-Nashoba Corp. and its affiliates for the full fiscal year.

**The reduction in investments represents a drawdown of construction funds for the new Clinical Center.

NEDH Corp. and Subsidiaries Combined Total Assets (dollars in millions)



NIH and Other Supported Research (dollars in millions)



CONDENSED COMBINED STATEMENTS OF REVENUE AND EXPENSES SEPTEMBER 30, 1993 AND 1992 (DOLLARS IN THOUSANDS)

	1993	1992*
Total revenue†	$ 291,955	$ 285,383
Total expenses††	291,460	283,012
Income from operations	495	2,371
Non-operating gains before non-recurring gain on sale of assets	8,741	4,523
Revenue and gains in excess of expenses before non-recurring gain on sale of assets	9,236	6,894
Non-recurring gain on sale of assets	—	20,328**
Revenue and gains in excess of expenses	$ 9,236	$ 27,222

*Although the acquisition took place on January 1, 1993, for comparison purposes 1992 amounts have been restated to include the merger of Deaconess-Nashoba Corp. and its affiliates for the full fiscal year.

**Represents the gain on sale of selected assets of Deaconess Home Health Care Corporation (renamed DHHC Corp.) to Total Pharmaceutical Care, Inc., on February 24, 1992.

†Total revenue is reduced reflecting the impact of charity care net of reimbursement from the State's uncompensated care pool. The amount of net charity care provided by the Deaconess was $5,252,000 in Fiscal 1993 and $4,179,000 in Fiscal 1992.

††Total expenses include monies spent in support of community outreach activities designed to provide financial and educational support for community health programs, and payments to the State's uncompensated care pool. In Fiscal 1993 the Deaconess spent $1,386,000 on community outreach activities and $9,570,000 to ensure access for all through the uncompensated care pool. In Fiscal 1992 the Deaconess spent $1,379,000 on community outreach activities and $9,802,000 for the uncompensated care pool.

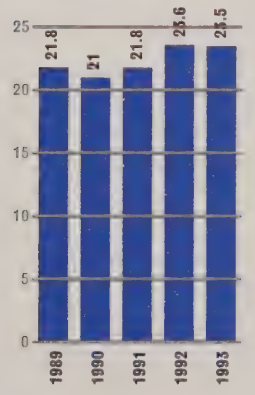
OPERATING STATISTICS
FISCAL YEARS
1989–1993

Deaconess Hospital

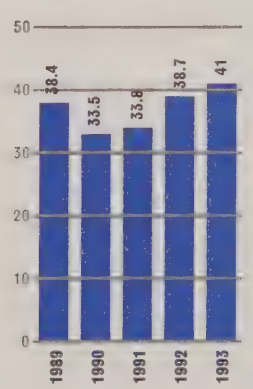
	1989	1990	1991	1992	1993
Discharges	13,710	12,897	12,324	12,822	12,512
Case mix adjusted discharges [1]	21,798	21,022	21,813	23,592	23,538
Patient days	121,056	114,732	104,434	106,491	109,311
Average daily census	333	309	286	291	299
Average length of stay (days)[2]	8.83	8.92	8.47	8.31	8.74
Case mix—all patients [3]	1.59	1.63	1.77	1.84	1.87
Medicare case mix [4]	1.80	1.85	1.92	1.99	2.07
Total surgical cases	8,265	7,610	7,477	8,178	8,416
Surgical cases—inpatient	53%	58%	59%	54%	57%
Outpatient visits	38,350	33,475	33,843	38,703	40,982
Emergency room visits	6,191	5,863	6,260	7,601	7,702

[1] Discharges multiplied by an intensity factor representing the severity of illness and relative resource consumption of caring for patients as determined by the Medicare program. This composite value is an estimate and subject to change due to payor audits.
[2] In 1993, two secure psychiatry units and a 23-bed Transitional Care Unit were opened.
[3] Intensity factor representing the severity of illness and relative resource consumption of caring for patients as determined by the Medicare program as applied to all patients.
[4] Same as Note 3, applied to Medicare patients only.

Case-Mix Adjusted Discharges
Increasing trend preferable
(in thousands)



Outpatient Visits
Increasing trend preferable
(in thousands)



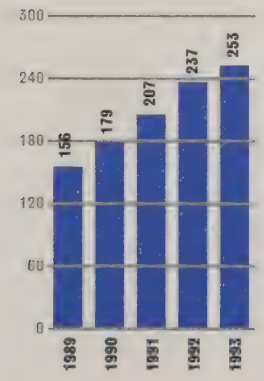
OPERATING STATISTICS
FISCAL YEARS
1989–1993

Deaconess Professional Practice Group, Inc.
Occasions of Service [1]

	1989	1990	1991	1992	1993
Deaconess Surgical Associates [2]	6,932	6,773	6,750	8,511	8,644
Deaconess Medicine [3]	61,943	50,884	73,754	73,669	87,783
Deaconess Radiology Associates	82,989	84,317	85,760	91,242	94,857
Deaconess Pathology Associates [4]	4,046	37,031	40,704	52,299	50,599
Deaconess Psychiatry [5]				10,880	10,771

[1] Occasions of service comprise the following: office visits, hospital visits, and consultations.
[2] Restated to include inpatient and outpatient surgical cases only.
[3] Restated to include office visits, hospital visits, and consultations only.
[4] Deaconess Pathology Associates joined the Physician Group in August 1989.
[5] Deaconess Psychiatry joined the Physician Group in 1992.

Deaconess Professional Practice Group, Inc.
Occasions of Service
Increasing trend preferable
(in thousands)



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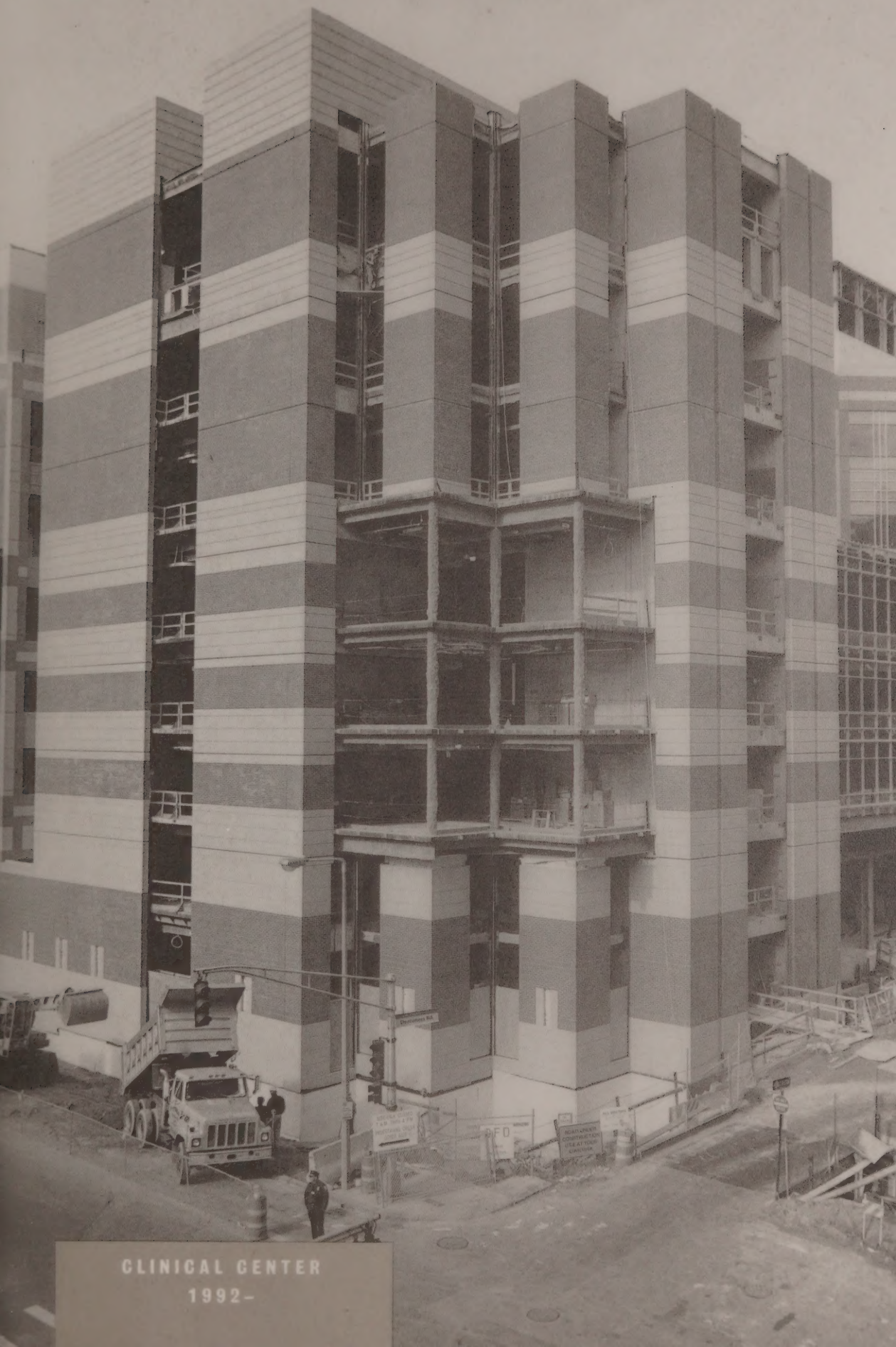

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